

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33273
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 952

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 2 hours	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, 0396	
		d. STREET ADDRESS (If rural, give location) 1452 N1 Clay	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) E. c. (Last) Watts			4. DATE OF DEATH (Month) (Day) (Year) October 30, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH February 3, 1871
9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY In Home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Glenco, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Sterling		13b. MOTHER'S MAIDEN NAME Mary Boyd	14. NAME OF HUSBAND OR WIFE Henry T. Watts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Claypool
		ADDRESS Fort Smith, Arkansas	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage			
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) Cerebral arteriosclerosis			
DUE TO (c) Generalized arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-30-</u> <u>19 50</u> , to <u>10-30-</u> <u>19 50</u> , that I last saw the deceased alive on <u>10-30-</u> <u>19 50</u> , and that death occurred at <u>11 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>D. M. K. Wagner</i> (Degree or title)		23b. ADDRESS 1630 N. Jefferson	
		23c. DATE SIGNED 10-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 1, 1950	
24c. NAME OF CEMETERY OR CREMATORY Hazelwood		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 10-30-50		REGISTRAR'S SIGNATURE <i>W E Handley</i>	
		25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf Funeral Home, Inc.	
		ADDRESS Springfield, Missouri	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0396

DEPT 21 ADMIN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed *Lewis G Schupp*.....

Licensed Embalmer No. *38102*

P. O. Address *Springfield 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.